

# RETURN OF SERVICE

Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE 6/24/11
NAME OF SERVER (PRINT) Matthew Weisberg	TITLE Owner

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where served: \_\_\_\_\_
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.  
Name of person with whom the summons and complaint were left: \_\_\_\_\_
- ☐ Returned unexecuted: \_\_\_\_\_
- ☒ Other (specify): Cert mail RR# 7010 0290 0002 2960 1573

## STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 6/25/11  
Date

*[Signature]*  
Signature of Server

**Weisberg Law, P.C.**  
7 S. Morton Ave.  
Morton, PA 19070  
Address of Server

### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lori Palka  
8812 Trumbauer Dr  
Glenside, PA 19038

### COMPLETE THIS SECTION ON DELIVERY

A. Signature <b>X</b> <i>Lori A Palka</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Lori A. Palka</i>	C. Date of Delivery <i>6-25-11</i>
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

### 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

2. Article Number

(Transfer from service label)

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